

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Application Number</td> <td>09436158</td> </tr> <tr> <td>Filing Date</td> <td>November 9, 1999</td> </tr> <tr> <td>First Named Inventor</td> <td>Erasmus Perez</td> </tr> <tr> <td>Title</td> <td>REPRODUCTION PACKAGE WITH ENCLOSED DE PA</td> </tr> <tr> <td>Art Unit</td> <td>2814</td> </tr> <tr> <td>Examiner Name</td> <td>Nathan W. Hs</td> </tr> <tr> <td>Attorney Docket Number</td> <td>AMKOR-019RCE</td> </tr> </table>	Application Number	09436158	Filing Date	November 9, 1999	First Named Inventor	Erasmus Perez	Title	REPRODUCTION PACKAGE WITH ENCLOSED DE PA	Art Unit	2814	Examiner Name	Nathan W. Hs	Attorney Docket Number	AMKOR-019RCE
Application Number	09436158														
Filing Date	November 9, 1999														
First Named Inventor	Erasmus Perez														
Title	REPRODUCTION PACKAGE WITH ENCLOSED DE PA														
Art Unit	2814														
Examiner Name	Nathan W. Hs														
Attorney Docket Number	AMKOR-019RCE														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.
 OR
☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

13143

OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number.
 OR
☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name
 Address
 City State Zip
 Country
 Telephone Email

I am the:

☐ Applicant/Inventor.
 OR
☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(g) (Form PTO/SB/98) submitted herewith or filed on: August 6, 2002

SIGNATURE of Applicant or Assignee of Record

Signature	Date
Name	Telephone
Title and Company	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representatives are required. Submit multiple forms if more than one signature is required (see below).

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the patent which is to be filed by the USPTO to process an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.